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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 500.40553CX1	
		First Inventor Tomolchl KAMO et al.	
		Title FUEL CELL, FUEL CELL GENERATOR, AND EQUIPMENT USING THE SAME	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	

APPLICATION ELEMENTS SEE MPEP chapter 600 concerning patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents POB 1450 Alexandria, Virginia 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages: 69] -Descriptive title of the invention (or title page) -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Formal Drawing(s) (35 U.S.C. 113) [24 Shts.: Elgs 1-27] 5. Oath or Declaration [Total Pages: 05] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) ii. <input type="checkbox"/> FILED WITHOUT DECLARATION 6. <input type="checkbox"/> Application Data Sheet (See 37 CFR §1.76)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS
9. <input type="checkbox"/> Assignment(s)/Recordation Cover Form(s) PTO-1595 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> <i>(In Declarations)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies/IDS Refs. Statement (IDS)/PTO-1449 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Form PTO-2038 (Codes 1001/1201)

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:


☒ Continuation ☐ Division ☐ Continuation-in-part (CIP) of prior application No.: 09/935,164 filed 23 August 2001

Prior application information: Examiner: S.T. Foster Group Art Unit: 1745

CONTINUATION/DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer No./Bar Code Label	020457 <i>(Insert Customer No/Attach bar code label here)</i>	or <input checked="" type="checkbox"/> Correspondence address below
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Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP				
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	Suite 1800				
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Country	USA	Telephone	703-312-6600	Fax	703-312-6666
Name	Paul J. SKWIERAWSKI			Registration No. (Attorney/Agent)	32,173
Signature				Date	14 November 2003

22241 U.S. PTO

10/706908





13281 U.S. PTO

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2002		Complete if Known	
Patent fees are subject to annual revision.		Application Number	Unassigned (\$53b Cont. of 09/935,164)
		Filing Date	14 November 2003
		First Named Inventor	Tomolchi KAMO et al.
		Examiner Name	Unassigned (Parent - S.T. Foster)
		Group Art Unit	Unassigned (Parent - 1745)
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	500.40553CX1
(\$)		1,028.00	
METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge DEFICIENCIES indicated to: Deposit Account Number 01-2135 Deposit Account Name ATS&K <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.116 and 1.117 <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
2. BASIC FILING FEE			
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			\$770.00
1. EXTRA CLAIM FEES			
Total Claims	11-20** = 00	Extra Claims Fee from below x\$18 =	\$00
Indep. Claims	6-3** = 03	x\$ 86 =	\$258.00
Multiple Dependent		=	
Large Entity Fee Code	Small Entity Fee Code	Fee Description	
1201 18	2201 9	Claims in excess of 20	
1202 86	2202 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			\$258.00
**or number previously paid, if greater; For Reissues, see above.			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Paul J. SKWIERAWSKI	Registration No. (Attorney/Agent)	32,173
Signature		Telephone	703-312-6600
		Date	14 November 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.